

B1 (Official Form 1)(04/13)

United States Bankruptcy Court District of South Carolina		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Williams, Lester Glenn Sr.		Name of Joint Debtor (Spouse) (Last, First, Middle): Williams, Sonia Vanessa
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-2448		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-8232
Street Address of Debtor (No. and Street, City, and State): 94 Loggerhead Drive Columbia, SC <div style="text-align: right; font-size: small;">ZIP Code 29229</div>		Street Address of Joint Debtor (No. and Street, City, and State): 94 Loggerhead Drive Columbia, SC <div style="text-align: right; font-size: small;">ZIP Code 29229</div>
County of Residence or of the Principal Place of Business: Richland		County of Residence or of the Principal Place of Business: Richland
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Williams, Lester Glenn Sr.
Williams, Sonia Vanessa**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Colleen Brunson**July 15, 2014**

Signature of Attorney for Debtor(s)

(Date)

Colleen Brunson 9609**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Williams, Lester Glenn Sr.
Williams, Sonia Vanessa

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Lester Glenn Williams, Sr.

Signature of Debtor **Lester Glenn Williams, Sr.**

X /s/ Sonia Vanessa Williams

Signature of Joint Debtor **Sonia Vanessa Williams**

Telephone Number (If not represented by attorney)

July 15, 2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney*

X /s/ Colleen Brunson

Signature of Attorney for Debtor(s)

Colleen Brunson 9609

Printed Name of Attorney for Debtor(s)

Brunson Law LLC

Firm Name

**1612 Marion Street
Suite 310
Columbia, SC 29201**

Address

Email: cbrunson@brunsonlawllc.com

803 403-1955 Fax: 866-321-7829

Telephone Number

July 15, 2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
District of South Carolina**

In re **Lester Glenn Williams, Sr.
Sonia Vanessa Williams**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Lester Glenn Williams, Sr.

Lester Glenn Williams, Sr.

Date: July 15, 2014

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
District of South Carolina**

In re **Lester Glenn Williams, Sr.
Sonia Vanessa Williams**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Sonia Vanessa Williams

Sonia Vanessa Williams

Date: July 15, 2014

Certificate Number: 15317-SC-CC-023771145



15317-SC-CC-023771145

CERTIFICATE OF COUNSELING

I CERTIFY that on July 9, 2014, at 12:29 o'clock PM PDT, Lester G Williams Sr received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of South Carolina, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 9, 2014 By: /s/Jay Basanez

Name: Jay Basanez

Title: Certified Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 15317-SC-CC-023771147



15317-SC-CC-023771147

CERTIFICATE OF COUNSELING

I CERTIFY that on July 9, 2014, at 12:29 o'clock PM PDT, Sonia V Williams received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of South Carolina, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 9, 2014 By: /s/Jay Basanez

Name: Jay Basanez

Title: Certified Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court
District of South Carolina

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Debtors

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	21,742.86		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12		391,500.67	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	20			2,750.35
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,936.77
Total Number of Sheets of ALL Schedules		44			
Total Assets			21,742.86		
Total Liabilities				391,500.67	

United States Bankruptcy Court
District of South Carolina

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	304,833.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	304,833.00

State the following:

Average Income (from Schedule I, Line 12)	2,750.35
Average Expenses (from Schedule J, Line 22)	2,936.77
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	3,760.68

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		391,500.67
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		391,500.67

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		cash on hand	J	43.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		BB&T checking (2416)	W	473.10
		BB&T savings (3895)	W	0.11
		South State(changed from SCBT) checking (3597)	H	191.56
		South State (changed from SCBT) savings (0149)	H	11.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security deposit with Collins Properties, \$1000, debtors do not anticipate receiving this back as they are one month behind on month and the eviction process has started.	J	0.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods including but not limited to: beds, couch, lamps, mirrors, tvs, dvd players, computers, entertainment center, night stands, dressers, armoire, desk, chairs, tables, stereo, reel to reel, VHS/DVDS, gills, vcr player, washer, dryer, patio furniture, lawnmower, misc. items	J	2,939.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		assorted used clothing	J	500.00
7. Furs and jewelry.		jewelry: wedding band, costume	J	100.00
		jewelry: diamond tennis bracelet (\$110) in possession of pawn shop	J	110.00
8. Firearms and sports, photographic, and other hobby equipment.		Glock 40 caliber model 27- needed for off duty	H	400.00

Sub-Total > **4,767.77**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance with employer, face value \$30,000, cash surrender value \$0.00	H	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Police Retirement: present value \$9,992.09	H	9,992.09
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Debtors anticipate a federal refund of \$1583	J	1,583.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total > **11,575.09**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Honda 1100 cc, blackbird motorcycle, vin #JH2SC35053M600690, 12,775 miles, debtor's opinion of value \$3500	H	3,500.00
		1987 Nissan 300ZX, vin #JN1H214S3HX210673, 286,339 miles, debtor's opinion \$1,900	H	1,900.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

Sub-Total > **5,400.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **21,742.86**

(Report also on Summary of Schedules)

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand cash on hand	S.C. Code Ann. § 15-41-30(A)(5)	43.00	43.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit BB&T checking (2416)	S.C. Code Ann. § 15-41-30(A)(5)	473.10	473.10
South State(changed from SCBT) checking (3597)	S.C. Code Ann. § 15-41-30(A)(5)	191.56	191.56
South State (changed from SCBT) savings (0149)	S.C. Code Ann. § 15-41-30(A)(5)	11.00	11.00
Household Goods and Furnishings Household goods including but not limited to: beds, couch, lamps, mirrors, tvs, dvd players, computers, entertainment center, night stands, dressers, armoire, desk, chairs, tables, stereo, reel to reel, VHS/DVDS, gills, vcr player, washer, dryer, patio furniture, lawnmower, misc. items	S.C. Code Ann. § 15-41-30(A)(3)	2,939.00	2,939.00
Wearing Apparel assorted used clothing	S.C. Code Ann. § 15-41-30(A)(3)	500.00	500.00
Furs and Jewelry jewelry: wedding band, costume	S.C. Code Ann. § 15-41-30(A)(4)	1,000.00	100.00
jewelry: diamond tennis bracelet (\$110) in possession of pawn shop	S.C. Code Ann. § 15-41-30(A)(4)	110.00	110.00
Firearms and Sports, Photographic and Other Hobby Equipment Glock 40 caliber model 27- needed for off duty	S.C. Code Ann. § 15-41-30(A)(3)	400.00	400.00
Interests in Insurance Policies Term life insurance with employer, face value \$30,000, cash surrender value \$0.00	S.C. Code Ann. § 15-41-30(A)(8)	100%	0.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans Police Retirement: present value \$9,992.09	S.C. Code Ann. § 15-41-30(A)(14)	100%	9,992.09
Other Liquidated Debts Owning Debtor Including Tax Refund Debtors anticipate a federal refund of \$1583	S.C. Code Ann. § 15-41-30(A)(5)	1,583.00	1,583.00
Automobiles, Trucks, Trailers, and Other Vehicles 2003 Honda 1100 cc, blackbird motorcycle, vin #JH2SC35053M600690, 12,775 miles, debtor's opinion of value \$3500	S.C. Code Ann. § 15-41-30(A)(2)	5,825.00	3,500.00
1987 Nissan 300ZX, vin #JN1H214S3HX210673, 286,339 miles, debtor's opinion \$1,900	S.C. Code Ann. § 15-41-30(A)(7) unused of household goods	1,900.00	1,900.00
Total:		24,967.75	21,742.75

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							0.00	0.00

0 continuation sheets attached

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. xxxxxxx1601 AFNI PO Box 3517 Bloomington, IL 61702-3517		W	Collections for Dish				123.30
Account No. xxxxxxx6201 AFNI PO Box 3517 Bloomington, IL 61702-3517		W	collections for century link				470.31
Account No. xxxxxxx9401 AFNI PO Box 3517 Bloomington, IL 61702-3517		H	Collections				308.45
Account No. xxxx8551 Alliance One Receivables Mgmt Inc 4580 Street Road, suite 300 Feasterville Trevose, PA 19053		H	Collections for Tmobile				1,472.89
Subtotal (Total of this page)							2,374.95

11 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx0287 Allied Data Corp. 13111 Westheimer, Suite 400 Houston, TX 77077-5547	W	Collections				432.34
Account No. 3940 Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625		collections for Doctors Care				85.00
Account No. xxxx1645 Capital One Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285	W	Credit card purchases				2,733.66
Account No. xxxx7710 Cash Call 1600 S. Douglass Road Anaheim, CA 92806		Collections				1,500.00
Account No. xxxx5015 Cash Call PO Box 66007 Anaheim, CA 92816	H	Personal Loan				1,500.00
Sheet no. <u>1</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,251.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Collins Properties and Investments LLC 203 Faircrest Way Columbia, SC 29229	J	2012 Lease deficiency				Unknown
Account No. x5786 Columbia Heart Clinic 8 Richland Medical Park, Suite 300 Columbia, SC 29203	H	Medical Bills				200.00
Account No. xxxxxxx4752 Credit Collection Services 2 Wells Ave Newton Center, MA 02459	W	Collection for medical bills				696.80
Account No. x3925 Credit First National Association PO Box 81315 Cleveland, OH 44181-0315	H	Collections				1,249.00
Account No. xxxxxxx2516 Direct Loan PO Box 5609 Greenville, TX 75403-5609	H	Student Loan				38,653.00
Sheet no. 2 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						40,798.80
Subtotal (Total of this page)						40,798.80

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx3401		collections for T-mobile				
EOS CCA 700 Longwater Drive Norwell, MA 02061	H					641.39
Account No.		Notice only				
IRS PO Box 7346 Philadelphia, PA 19101	J					0.00
Account No.		Collection for medical bills				
Lexington Medical Collection Services Po Box 100274 Columbia, SC 29202	W					169.00
Account No.		Collection for medical bills				
Lexington Medical Collection Services Po Box 100274 Columbia, SC 29202	H					274.35
Account No. xxxxxx4106		Collections				
LTD Financial Services LP 7322 Southwest Freeway, Suite 1600 Houston, TX 77074-2053	W					845.08
Sheet no. 3 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,929.82

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9559 Mason Family Vision 141 Wildewood Park Drive Columbia, SC 29223	J	Medical Bills				50.00
Account No. xxx0741 Medical Collection Services of LMC PO Box 100274 Columbia, SC 29202-3274	W	Collection for medical bills				1,163.00
Account No. xxx3881 Medical Collection Services of LMC PO Box 100274 Columbia, SC 29202-3274	H	Collection for medical bills				15.00
Account No. xxxxxxxxxxxx3334 Midland Funding LLC 8875 Aero Drive, Suite 200 San Diego, CA 92123	H	Collections				591.39
Account No. xxxx7753 Monarch Recovery Management Inc PO Box 16119 Philadelphia, PA 19114-0589	H	Collections for Walmart				380.58
Sheet no. 4 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,199.97

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx2739 MRS Associates 1930 Olney Ave. Cherry Hill, NJ 08003	H	Collections for Chase				6,952.70
Account No. 8072 NCO Financial Systems Inc PO Box 15740 Wilmington, DE 19850	W	Collections for Palmetto Richland				52.00
Account No. 396 Net Collections 2774 N. Cobb Pkwy, Ste. 181 Kennesaw, GA 30152	W	Collections for Golds Gym				780.00
Account No. xxx1953 Northland Group, Inc. PO Box 390846 Minneapolis, MN 55439	W	Collections for Providian National Bank				607.93
Account No. xxxxxxxx0242 Online Information Services PO Box 1489 Winterville, NC 28590	W	Collection for medical bills				480.00
Sheet no. 5 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						8,872.63
Subtotal (Total of this page)						8,872.63

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx0322	W	Collection for medical bills				778.00
Online Information Services PO Box 1489 Winterville, NC 28590						
Account No. xxxxxxx0001	J	Collection for medical bills				453.00
Online Information Services PO Box 1489 Winterville, NC 28590						
Account No. xxxxxxx0322	J	Collections				778.00
Online Information Services PO Box 1489 Winterville, NC 28590						
Account No. xx7180	H	Collections				5,575.83
Pioneer Credit Recovery INC PO Box 92 Arcade, NY 14009						
Account No. xxxx0134	J	Collections				1,453.24
Professional Debt Mediation Inc 7948 Bay Meadows Way, 2nd Floor Jacksonville, FL 32256						
Sheet no. <u>6</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						9,038.07
Subtotal (Total of this page)						9,038.07

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Collection for medical bills				
Receivable Solutions Inc 1325 Gardner Lane, Suite C Columbia, SC 29210	W					84.00
Account No. x1821		Collection for medical bills				
Receivable Solutions Inc 1325 Gardner Lane, Suite C Columbia, SC 29210	H					1,367.00
Account No. x9275		Collection for medical bills				
Receivables Management Corp PO Box 50685 Columbia, SC 29250-0685	H					185.00
Account No. xxxx1071		Repo Deficiency				
Regional Finance 6729 Two Notch Road Columbia, SC 29203	J					8,149.55
Account No. xxxxxxxxxxxx5373		Collections for Discover				
Richard J. Boudreau & Associates, LLC 6 Manor Parkway Salem, NH 03079	H					5,742.62
Sheet no. <u>7</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						15,528.17

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx0022 Sallie Mae/Department of Education PO Box 9635 Wilkes Barre, PA 18773	W	2001 Student Loan				227,527.00
Account No. xxxxxxxxxx4100 Sallie Mae/Department of Education PO Box 9635 Wilkes Barre, PA 18773	H	Student Loan				38,653.00
Account No. SC Department of Employment & Workforce PO Box 995 Columbia, SC 29202	J	Notice only				0.00
Account No. x7960 SCA Collections 300 E. Arlington Blvd Suite 6-A Greenville, NC 27858-5016	W	Collections for medical bills				4,341.00
Account No. x5497 SCA Collections 300 E. Arlington Blvd Suite 6-A Greenville, NC 27858-5016	W	Collections for medical bills				296.00
Sheet no. <u>8</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						270,817.00
Subtotal (Total of this page)						270,817.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice only				
SCDOR PO Box 12265 Columbia, SC 29211	J					0.00
Account No. xxxxxxxx0116		Collection for medical bills				
Senick, Mathews, Brown 109 Edgebrook Drive Anderson, SC 29621	W					994.00
Account No. xxxxxxxx0110		Collection for medical bills				
Senick, Mathews, Brown 109 Edgebrook Drive Anderson, SC 29621	W					356.00
Account No. xxxxxxxx0102		Collection for medical bills				
Senick, Mathews, Brown 109 Edgebrook Drive Anderson, SC 29621	W					221.00
Account No. xxxxxxxx0094		Collection for medical bills				
Senick, Mathews, Brown 109 Edgebrook Drive Anderson, SC 29621	W					191.00
Sheet no. <u>9</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,762.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx0094 Senick, Mathews, Brown 109 Edgebrook Drive Anderson, SC 29621	W	Collection for medical bills				119.00
Account No. SST/CIGPFI Corp 4315 Pickett Road Saint Joseph, MO 64503	W	Collections				526.00
Account No. Terry Grant 226 Wild Horse Road Hilton Head Island, SC 29926	J	Personal Loan				10,000.00
Account No. xxxx3005 Wells Fargo Dealer Services PO Box 1697 Winterville, NC 28590	J	Deficiency				17,125.00
Account No. Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306-0335	J	Notice only				0.00
Sheet no. 10 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 27,770.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Medical Bills				
Wildewood Dentistry 230 Graces Way Columbia, SC 29229	W					172.30
Account No.		Medical Bills				
Wildewood Dentistry 230 Graces Way Columbia, SC 29229	J					99.00
Account No.		2009 Attorney Fees for adoption				
William F. Ward, III PA 314 New Street New Bern, NC 28560	J					1,677.00
Account No. x7409		Collections				
Williams & Fudge Inc PO Box 11590 Rock Hill, SC 29731	H					2,209.96
Account No.						
Sheet no. 11 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,158.26
						Total (Report on Summary of Schedules)
						391,500.67

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Collins Properties and Investments LLC 203 Faircrest Way Columbia, SC 29229	Debtors to reject lease on property located at 94 Loggerhead Drive, Columbia, SC 29229.

In re **Lester Glenn Williams, Sr.,
Sonia Vanessa Williams**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

_____ continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Lester Glenn Williams, Sr.

Debtor 2 Sonia Vanessa Williams
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
☐ Not employed

Deputy Sheriff

Bamberg County Sherriff's Dept.

256 2nd St
Bamberg, SC 29003

2 years

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Independent Distributor

self-employed

March 2014

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 2,279.70	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 399.32	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 2,679.02	\$ 0.00

Debtor 1 **Lester Glenn Williams, Sr.**
Debtor 2 **Sonia Vanessa Williams**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,679.02	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 396.97	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 210.03	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 159.12	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h. \$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 766.12	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,912.90	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 77.45	\$ 360.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: part time job: Leapforce	8h. \$ 0.00	\$ 400.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 77.45	\$ 760.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,990.35	\$ 760.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 2,750.35	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtors received help from mother of \$320 for over one year but that will stop once they move in with her. Business income is based on projected income and expenses.		

THIS IS NOT A CHECK, DETACH THIS STUB AND RETURN TO YOUR REQUESTOR

Document Page 36 of 86

CORP.	STE.	DIV.	DEPT.	MAN NO.	PERIOD END			
01	SC	01	7	073702	REG RATE	11.9200	070414	15496
EMPLOYEE				SOC. SEC. NO.		REG. HRS.	O.T. HRS.	OTH. HRS.
LESTER G WILLIAMS				2448		8550		
STATEMENT OF EARNINGS AND DEDUCTIONS								
EARNINGS				TAXES AND DEDUCTIONS				
DESCRIPTION	CURRENT	YEAR TO DATE	DESCRIPTION	CURRENT	TO DATE	DESCRIPTION	CURRENT	TO DATE
GROSS	101916	1709328	FED TAX	2419	64488	FICA	7317	124527
NET	72546	1220120	STE TAX	3093	62000	PDRET	8571	134589
REG	101916	1469736	AFL1	1632	21216	OP/LI	243	3159
QVR		239592	DE/LI	62	806	ADMIN	14	182
			DENT	4778	62114	VISIO	1241	16133

STATEMENT OF EARNINGS

NON-NEGOTIABLE

COUNTY OF BAMBERG

P.O. BOX 149
BAMBERG, SC 29003

07/10/14

SEVEN HUNDRED TWENTY-FIVE DOLLARS AND 46 CENTS

DEPOSITED
TO
THE
ACCOUNT
OFLESTER G WILLIAMS
94 LOGGER HEAD DRIVE
COLUMBIA, SC 29229

CHECK AMOUNT

*****725.46*

NON-NEGOTIABLE

NOTIFICATION OF PAYROLL DEPOSIT

THIS IS NOT A CHECK, DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

Page 37 of 86

CORP.	STE.	DIV.	DEPT.	MAN NO.	PERIOD END			
01	SC	01	7	073702	REG RATE	11.9200	052314	15180
EMPLOYEE				SOC. SEC. NO.	REG. HRS.	O.T. HRS.	OTH. HRS.	
LESTER G WILLIAMS				2448	8550	100		
STATEMENT OF EARNINGS AND DEDUCTIONS								
EARNINGS			TAXES AND DEDUCTIONS					
DESCRIPTION	CURRENT	YEAR TO DATE	DESCRIPTION	CURRENT	TO DATE	DESCRIPTION	CURRENT	TO DATE
GROSS	103704	1371396	FED TAX	2642	54143	FICA	7454	100115
NET	74275	979265	STE TAX	3233	50658	PDRET	8130	107515
REG	101916	1163988	AFL1	1632	16320	OP/LI	243	2430
OVR	1788	207408	DE/LI	62	620	ADMIN	14	140
			DENT	4778	47780	VISIO	1241	12410

STATEMENT OF EARNINGS

NON-NEGOTIABLE

COUNTY OF BAMBERG

P.O. BOX 149
BAMBERG, SC 29003

05/29/14

SEVEN HUNDRED FORTY-TWO DOLLARS AND 75 CENTS

DEPOSITED
TO
THE
ACCOUNT
OFLESTER G WILLIAMS
94 LOGGER HEAD DRIVE
COLUMBIA, SC 29229

CHECK AMOUNT

*****742.75*

NON-NEGOTIABLE

NOTIFICATION OF PAYROLL DEPOSIT

THIS IS NOT A CHECK, DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

Document Page 38 of 86

CORP.	STE.	DIV.	DEPT.	MAN NO.	PERIOD END			
01	SC	01	7	073702	REG RATE	11.9200060614	15285	
EMPLOYEE				SOC. SEC. NO.	REG. HRS.	O.T. HRS.	OTH. HRS.	
LESTER G WILLIAMS				2448	8550			
STATEMENT OF EARNINGS AND DEDUCTIONS								
EARNINGS			TAXES AND DEDUCTIONS					
DESCRIPTION	CURRENT	YEAR TO DATE	DESCRIPTION	CURRENT	TO DATE	DESCRIPTION	CURRENT	TO DATE
GROSS	101916	1473312	FED TAX	2477	56620	FICA	7317	107432
NET	73032	1052297	STE TAX	3130	53788	PDRET	7990	115505
REG	101916	1265904	AFL1	1632	17952	OP/LI	243	2673
OVR		207408	DE/LI	62	682	ADMIN	14	154
			DENT	4778	52558	VISIO	1241	13651

STATEMENT OF EARNINGS

NON-NEGOTIABLE

COUNTY OF BAMBERG

P.O. BOX 149
BAMBERG, SC 29003

06/12/14

SEVEN HUNDRED THIRTY DOLLARS AND 32 CENTS

DEPOSITED
TO
THE
ACCOUNT
OFLESTER G WILLIAMS
94 LOGGER HEAD DRIVE
COLUMBIA, SC 29229

CHECK AMOUNT

*****730.32*

NON-NEGOTIABLE

NOTIFICATION OF PAYROLL DEPOSIT

THIS IS NOT A CHECK, DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

Page 39 of 86

CORP.	STE.	DIV.	DEPT.	MAN NO.	PERIOD END		
01	SC	01	7	073702	REG RATE	11.9200	15390
EMPLOYEE				SOC. SEC. NO.	REG. HRS.	O.T. HRS.	OTH. HRS.
LESTER G WILLIAMS				2448	8550	1800	
STATEMENT OF EARNINGS AND DEDUCTIONS							
EARNINGS				TAXES AND DEDUCTIONS			
DESCRIPTION	CURRENT	YEAR TO DATE	DESCRIPTION	CURRENT	TO DATE	DESCRIPTION	CURRENT
GROSS	134100	1607412	FED TAX	5443	62063	FICA	9778
NET	95277	1147574	STE TAX	5119	58907	PDRET	10513
REG	101916	1367820	AFL1	1632	19584	OP/LI	243
OVR	32184	239592	DE/LI	62	744	ADMIN	14
			DENT	4778	57338	VISIO	1241

STATEMENT OF EARNINGS

NON-NEGOTIABLE

COUNTY OF BAMBERG

P.O. BOX 149
BAMBERG, SC 29003

06/26/14

NINE HUNDRED FIFTY-TWO DOLLARS AND 77 CENTS

DEPOSITED
TO
THE
ACCOUNT
OFLESTER G WILLIAMS
94 LOGGER HEAD DRIVE
COLUMBIA, SC 29229

CHECK AMOUNT

*****952.77*

NON-NEGOTIABLE

NOTIFICATION OF PAYROLL DEPOSIT

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH

May 2014

Name of Business Lester Williams

Total Business Receipts(sales)/Income

(A) \$ 15.40

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary

Other Employee Salary(w2)

Other Employee Salary(1099)

Payroll Taxes

Employee Benefits

Outside Services & Contractors

Office Supplies

Repairs and Maintenance

Accounting and Legal

Advertising

Rent/leases

Business Telephone

Travel

Entertainment

Business Utilities website

Real Estate Insurance

Personal Property Taxes

Interest

Depreciation

Other Operating Expenses with Description

\$126.31 - AutoShipment

Total Operating Expenses

(B) \$ 146.31

Net Profit/(Loss) from Operations (A-B)

(C) \$ -130.91

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH June 2014

Name of Business Lester Williams

Total Business Receipts(sales)/Income (A) \$ 172.40

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary	
Other Employee Salary(w2)	
Other Employee Salary(1099)	
Payroll Taxes	
Employee Benefits	
Outside Services & Contractors	
Office Supplies	
Repairs and Maintenance	
Accounting and Legal	
Advertising	
Rent/leases	
Business Telephone	
Travel	
Entertainment	
Business Utilities <u>website</u>	<u>\$ 20</u>
Real Estate Insurance	
Personal Property Taxes	
Interest	
Depreciation	
Other Operating Expenses with Description	<u>102.55</u>

Total Operating Expenses (B) \$ 122.55

Net Profit/(Loss) from Operations (A-B) (C) \$ 49.85

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH July 2014

Name of Business Lester Williams

Total Business Receipts(sales)/Income (A) \$ 189.60

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary	_____
Other Employee Salary(w2)	_____
Other Employee Salary(1099)	_____
Payroll Taxes	_____
Employee Benefits	_____
Outside Services & Contractors	_____
Office Supplies	_____
Repairs and Maintenance	_____
Accounting and Legal	_____
Advertising	_____
Rent/leases	_____
Business Telephone	_____
Travel	_____
Entertainment	_____
Business Utilities <u>website</u>	<u>\$ 20</u>
Real Estate Insurance	_____
Personal Property Taxes	_____
Interest	_____
Depreciation	_____
Other Operating Expenses with Description	<u>110.11 Auto Shipment</u>

Total Operating Expenses (B) \$ 130.11

Net Profit/(Loss) from Operations (A-B) (C) \$ 59.49

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH Projected

Name of Business Lester Williams

Total Business Receipts(sales)/Income (A) \$ 200

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary	
Other Employee Salary(w2)	
Other Employee Salary(1099)	
Payroll Taxes	
Employee Benefits	
Outside Services & Contractors	
Office Supplies	
Repairs and Maintenance	
Accounting and Legal	
Advertising	
Rent/leases	
Business Telephone	
Travel	
Entertainment	
Business Utilities <u>website</u>	<u>\$20</u>
Real Estate Insurance	
Personal Property Taxes	
Interest	
Depreciation	
Other Operating Expenses with Description	<u>\$102.55</u>

Total Operating Expenses (B) \$ 122.55

Net Profit/(Loss) from Operations (A-B) (C) \$ 77.45

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH

April 2014

Name of Business Sonia Williams
IT WORKS Etc

Total Business Receipts(sales)/Income

(A) \$ 271.75

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary

Other Employee Salary(w2)

Other Employee Salary(1099)

Payroll Taxes

Employee Benefits

Outside Services & Contractors

Office Supplies

Repairs and Maintenance

Accounting and Legal

Advertising

Rent/leases

Business Telephone

Travel

Entertainment

Business Utilities - website

Real Estate Insurance

Personal Property Taxes

Interest

Depreciation

Other Operating Expenses with Description

Business Bulider Kit + auto shipment

Total Operating Expenses

(B) \$ 109.43 193.19

Net Profit/(Loss) from Operations (A-B)

(C) \$ 162.32 78.56

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH

May 2014

Name of Business

Sonia Williams

Total Business Receipts(sales)/Income

(A) \$ 242.62

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary

Other Employee Salary(w2)

Other Employee Salary(1099)

Payroll Taxes

Employee Benefits

Outside Services & Contractors

Office Supplies

Auto-shipment

124.15

Repairs and Maintenance

Accounting and Legal

Advertising

Rent/leases

Business Telephone

Travel

Entertainment

Business Utilities

website

\$20

Real Estate Insurance

Personal Property Taxes

Interest

Depreciation

Other Operating Expenses with Description

124.15 Auto shipment

Total Operating Expenses

(B) \$ 144.15

Net Profit/(Loss) from Operations (A-B)

(C) \$ 98.47

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH June 2014

Name of Business Sonia Williams

Total Business Receipts(sales)/Income (A) \$ 507.30

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary	_____
Other Employee Salary(w2)	_____
Other Employee Salary(1099)	_____
Payroll Taxes	_____
Employee Benefits	_____
Outside Services & Contractors	_____
Office Supplies	_____
Repairs and Maintenance	_____
Accounting and Legal	_____
Advertising	_____
Rent/leases	_____
Business Telephone	_____
Travel	_____
Entertainment	_____
Business Utilities <u>website</u>	<u>\$20</u>
Real Estate Insurance	_____
Personal Property Taxes	_____
Interest	_____
Depreciation	_____
Other Operating Expenses with Description	<u>120.91 Auto Shipment</u>
_____	_____
_____	_____

Total Operating Expenses (B) \$ 140.91

Net Profit/(Loss) from Operations (A-B) (C) \$ 366.39

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH July 2014

Name of Business Sonia Williams

Total Business Receipts(sales)/Income (A) \$ 472.30

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary	_____
Other Employee Salary(w2)	_____
Other Employee Salary(1099)	_____
Payroll Taxes	_____
Employee Benefits	_____
Outside Services & Contractors	_____
Office Supplies	_____
Repairs and Maintenance	_____
Accounting and Legal	_____
Advertising	_____
Rent/leases	_____
Business Telephone	_____
Travel	_____
Entertainment	_____
Business Utilities <u>website</u>	<u>\$20</u>
Real Estate Insurance	_____
Personal Property Taxes	_____
Interest	_____
Depreciation	_____
Other Operating Expenses with Description	<u>\$115.51 Auto Shipment</u>
_____	_____
_____	_____

Total Operating Expenses (B) \$ 135.51

Net Profit/(Loss) from Operations (A-B) (C) \$ 336.79

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH projected

Name of Business Sonia Williams

Total Business Receipts(sales)/Income (A) \$ 500

Operating Expenses-Business expenses only(Personal expenses should be listed on bankruptcy schedules and not on this form.

Management Salary	_____
Other Employee Salary(w2)	_____
Other Employee Salary(1099)	_____
Payroll Taxes	_____
Employee Benefits	_____
Outside Services & Contractors	_____
Office Supplies	_____
Repairs and Maintenance	_____
Accounting and Legal	_____
Advertising	_____
Rent/leases	_____
Business Telephone	_____
Travel	_____
Entertainment	_____
Business Utilities <u>website</u>	<u>\$ 20</u>
Real Estate Insurance	_____
Personal Property Taxes	_____
Interest	_____
Depreciation	_____
Other Operating Expenses with Description	<u>120 - Auto shipment</u>
_____	_____
_____	_____

Total Operating Expenses (B) \$ 140

Net Profit/(Loss) from Operations (A-B) (C) \$ 360

[Search](#) [All Projects](#) [My Invoices](#)**Invoice Message****Invoice Status: Approved**

Your invoice has been placed in the payment queue and will be processed for payment shortly. You will receive an additional email when payment has been made.

Invoice billing period: 06/01/2014 - 06/30/2014

Total Time Invoiced: 7 hours, 31 mins
 Base Invoice Amount: \$101.47
 Total Amount Invoiced: \$101.47
 Amount Approved For Payment: \$101.47

[Export Invoice](#)

Date	Project	Time Spent	Hourly Rate	Amount
06/02/2014	Yukon	55 mins	\$13.50	\$12.38
06/12/2014	Yukon	35 mins	\$13.50	\$7.87
06/17/2014	Yukon	1 hours, 11 mins	\$13.50	\$15.97
06/20/2014	Yukon	2 hours, 13 mins	\$13.50	\$29.93
06/24/2014	Yukon	8 mins	\$13.50	\$1.80
06/26/2014	Yukon	2 hours, 29 mins	\$13.50	\$33.52

[Back](#)**Invoice Notes**

There are no notes attached to this invoice.

[Social](#) [All Projects](#) [My Invoices](#)**Invoice Message****Invoice Status: Paid**

This invoice has been paid. Please allow 5-7 days for delivery of your payment.

Invoice billing period: 05/01/2014 - 05/31/2014**Date Paid:** 06/20/2014**Bill to Customer:** Leapforce, INC.**Total Time Invoiced:** 1 hours, 4 mins**Bill to Address:** 7901 Stoneridge Drive #555, Pleasanton, CA 94588**Bill to Phone:** +1 925-730-0073**Base Invoice Amount:** \$14.40**Total Amount Invoiced:** \$14.40**Pay to Vendor/Customer:** Sonia Williams**Amount Paid:** \$14.40**Pay to Account:** xxxxxxxx16[Export Invoice](#)

Date	Project	Time Spent	Hourly Rate	Amount
05/12/2014	Yukon	26 mins	\$13.50	\$5.85
05/14/2014	Yukon	28 mins	\$13.50	\$6.30
05/27/2014	Yukon	10 mins	\$13.50	\$2.25

[Back](#)**Invoice Notes**

There are no notes attached to this invoice.



WESTAT

1600 Research Blvd.
Rockville, MD. 20850
301-251-1500

Page: 16 of 18
Type: Regular

Employee Pay Checks From Feb 7, 2014 To Jun 6, 2014

Pay Date: May 23, 2014

Check/Advice #: 694033

Control Number	Employee	Pay Period Start Date	Pay Period End Date	Advice Number
1582451	WILLIAMS, SONIA	May 12, 2014	May 18, 2014	694033

Earnings	Hours	Amount	Year to Date
Field Interviewer	7.50	91.88	5089.91

No Deductions

	Gross	Fed. Tax	Soc. Sec.	Medicare	AEIC	State Tax	Other Tax	Deductions	Net Pay
Current	91.88	0.00	5.70	1.33	0.00	0.00	0.00	0.00	84.85
Year to Date	5089.91	0.00	315.58	73.79	0.00	20.91	0.00	0.00	4679.63

Direct Deposit				
Routing Number	Bank Name	Account Number	Account Type	Account Amount
	BRANCH BANKING AND TRUST	XXXXXX	Checking	84.85



WESTAT

1600 Research Blvd.
Rockville, MD. 20850
301-251-1500

Page: 17 of 18

Type: Regular

Employee Pay Checks From Feb 7, 2014 To Jun 6, 2014

Pay Date: May 30, 2014

Check/Advice #: 694082

Control Number	Employee	Pay Period Start Date	Pay Period End Date	Advice Number
1582451	WILLIAMS, SONIA	May 19, 2014	May 25, 2014	694082

Earnings	Hours	Amount	Year to Date
Field Interviewer	9.25	113.31	5203.22

No Deductions

	Gross	Fed. Tax	Soc. Sec.	Medicare	AEIC	State Tax	Other Tax	Deductions	Net Pay
Current	113.31	0.00	7.03	1.64	0.00	0.00	0.00	0.00	104.64
Year to Date	5203.22	0.00	322.61	75.43	0.00	20.91	0.00	0.00	4784.27

Direct Deposit				
Routing Number	Bank Name	Account Number	Account Type	Account Amount
	BRANCH BANKING AND TRUST	XXXXXXXX	Checking	104.64



WESTAT

1600 Research Blvd.
Rockville, MD. 20850
301-251-1500

Page: 18 of 18

Type: Regular

Employee Pay Checks From Feb 7, 2014 To Jun 6, 2014

Pay Date: Jun 6, 2014

Check/Advice #: 694319

Control Number	Employee	Pay Period Start Date	Pay Period End Date	Advice Number
1582451	WILLIAMS, SONIA	May 26, 2014	Jun 1, 2014	694319

Earnings	Hours	Amount	Year to Date
Field Interviewer	16.25	199.06	5402.28

No Deductions

	Gross	Fed. Tax	Soc. Sec.	Medicare	AEIC	State Tax	Other Tax	Deductions	Net Pay
Current	199.06	0.00	12.34	2.89	0.00	0.00	0.00	0.00	183.83
Year to Date	5402.28	0.00	334.95	78.32	0.00	20.91	0.00	0.00	4968.10

Direct Deposit				
Routing Number	Bank Name	Account Number	Account Type	Account Amount
	BRANCH BANKING AND TRUST	XXXXXXXX	Checking	183.83

Fill in this information to identify your case:

Debtor 1 Lester Glenn Williams, Sr.

Debtor 2 Sonia Vanessa Williams
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

4

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 900.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Lester Glenn Williams, Sr.**
Debtor 2 **Sonia Vanessa Williams**

Case number (if known) _____

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	200.00
6b. Water, sewer, garbage collection	6b. \$	30.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	190.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	400.00
8. Childcare and children's education costs	8. \$	640.00
9. Clothing, laundry, and dry cleaning	9. \$	70.00
10. Personal care products and services	10. \$	100.00
11. Medical and dental expenses	11. \$	50.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	230.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	30.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	88.77
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: auto	16. \$	8.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	2,936.77
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	2,750.35
23b. Copy your monthly expenses from line 22 above.	23b. -\$	2,936.77
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-186.42

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes. Explain:

Debtors anticipate a decrease in expenses as they move in with family, above lists the anticipated decrease. Debtor also anticipate having to pay student loans.

**United States Bankruptcy Court
District of South Carolina**

In re **Lester Glenn Williams, Sr.
Sonia Vanessa Williams**

Debtor(s)

Case No.

Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 46 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date July 15, 2014

Signature /s/ Lester Glenn Williams, Sr.
Lester Glenn Williams, Sr.
Debtor

Date July 15, 2014

Signature /s/ Sonia Vanessa Williams
Sonia Vanessa Williams
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
District of South Carolina**

In re **Lester Glenn Williams, Sr.
Sonia Vanessa Williams**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

\$17,470.74

\$27,098.22

\$25,449.52

\$7,103.70

\$15,321.00

\$20,203.54

SOURCE

2014 YTD: Bamberg County Sherriff's Dept./business

2013: Bamberg County Sherriff's Dept.

2012: Bamberg County Sherriff's Dept./City of Denmark/Denmark Technical College

2014 YTD: Westat/Leapforce/business

2013: 141 Worldwide Boomerang/Richland County School District Two/Westat

2012: Richland County School District 1 and 2

B7 (Official Form 7) (04/13)

2

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$3,439.00	2014 YTD: Tax Refund/help from mother
\$3,857.00	2013: Tax Refund/help from mother
\$2,100.00	2012: food stamps

3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Collins Properties and Investments, LLC vs. Lester Williams 2014-CV-4010900529	Rule to Vacate	Pontiac Magistrate Richland County	Pending

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

CAPTION OF SUIT AND CASE NUMBER HSBC Bank as trustee for Wells Fargo vs. Lester and Sonia Williams 2011-CP-0702886	NATURE OF PROCEEDING Foreclosure	COURT OR AGENCY AND LOCATION Common Pleas Beaufort County	STATUS OR DISPOSITION Judgment
---	---	--	---

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Regional Finance 6729 Two Notch Road Columbia, SC 29203 Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306-0335	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN 2012 11/12	DESCRIPTION AND VALUE OF PROPERTY 2006 Cadillac SRX voluntarily returned Debtors' house, 115 Marsh Drive, Beaufort, SC, was sold at a foreclosure sale in November 2012. Mortgage company waived the deficiency.
---	--	--

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	-----------------------	-----------------------------------

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	--	------------------	--------------------------------------

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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B7 (Official Form 7) (04/13)

4

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Brunson Law LLC 1612 Marion Street, Suite 310 Columbia, SC 29201	July 2014	Attorney Fees: \$1194.00 Filing Fee: \$335.00
Access Counseling Inc. 633 W 5th Street, Suite 26001 Los Angeles, CA 90071	July 2014	Credit Counseling: \$25.00
Jenny Dalrymple 829 Meeting Street West Columbia, SC 29169	May/June 2013	Attorney Fee: \$300.00

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Unknown none	2014	Debtors sold a 1989 Volvo 240 for \$1200 and used the money for daycar and to fix their other vehicles.

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	------------------------	---

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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B7 (Official Form 7) (04/13)

5

12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
203 Glendevon Way Columbia, SC 29229	Lester Glenn Williams, Sr. Sonia Vanessa Williams	5/14/11-6/1/12

16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

B7 (Official Form 7) (04/13)

6

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Independent distributor			Joint debtor is an independent distributor for It Work Global selling health and wellness products. She has no employees or account receivables.	3/10/14-now
Independent distributor			Debtor is an independent distributor for It Works Global selling health and wellness products. He has no employees or account receivables.	4/22/14-now

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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B7 (Official Form 7) (04/13)

7

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

B7 (Official Form 7) (04/13)

8

22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date July 15, 2014

Signature /s/ Lester Glenn Williams, Sr.
Lester Glenn Williams, Sr.
 Debtor

Date July 15, 2014

Signature /s/ Sonia Vanessa Williams
Sonia Vanessa Williams
 Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
District of South Carolina**

In re **Lester Glenn Williams, Sr.
Sonia Vanessa Williams**

Debtor(s)

Case No.

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: -NONE-	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Collins Properties and Investments LLC	Describe Leased Property: Debtors to reject lease on property located at 94 Loggerhead Drive, Columbia, SC 29229.	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **July 15, 2014**

Signature **/s/ Lester Glenn Williams, Sr.**
Lester Glenn Williams, Sr.
Debtor

Date **July 15, 2014**

Signature **/s/ Sonia Vanessa Williams**
Sonia Vanessa Williams
Joint Debtor

United States Bankruptcy Court
District of South Carolina

In re Lester Glenn Williams, Sr.
Sonia Vanessa Williams

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,194.00</u>
Prior to the filing of this statement I have received	\$	<u>1,194.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: July 15, 2014

/s/ Colleen Brunson
Colleen Brunson 9609
Brunson Law LLC
1612 Marion Street
Suite 310
Columbia, SC 29201
803 403-1955 Fax: 866-321-7829
cbrunson@brunsonlawllc.com

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
District of South Carolina**

In re **Lester Glenn Williams, Sr.
Sonia Vanessa Williams**

Debtor(s)

Case No.

Chapter

7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Lester Glenn Williams, Sr.
Sonia Vanessa Williams**

Printed Name(s) of Debtor(s)

X **/s/ Lester Glenn Williams, Sr.**

Signature of Debtor

July 15, 2014

Date

Case No. (if known)

X **/s/ Sonia Vanessa Williams**

Signature of Joint Debtor (if any)

July 15, 2014

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court
District of South Carolina

In re **Lester Glenn Williams, Sr.**
Sonia Vanessa Williams

Debtor(s)

Case No.

Chapter

7

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) _____ computer diskette
- (b) _____ scannable hard copy
(number of sheets submitted _____)
- (c) ☒ **X** electronic version filed via CM/ECF

Date: **July 15, 2014**

/s/ Lester Glenn Williams, Sr.

Lester Glenn Williams, Sr.

Signature of Debtor

Date: **July 15, 2014**

/s/ Sonia Vanessa Williams

Sonia Vanessa Williams

Signature of Debtor

Date: **July 15, 2014**

/s/ Colleen Brunson

Signature of Attorney

Colleen Brunson 9609

Brunson Law LLC

1612 Marion Street

Suite 310

Columbia, SC 29201

803 403-1955 Fax: 866-321-7829

Typed/Printed Name/Address/Telephone

9609

District Court I.D. Number

AFNI
PO Box 3517
Bloomington IL 61702-3517

Alliance One Receivables Mgmt Inc
4580 Street Road, suite 300
Feasterville Trevose PA 19053

Allied Data Corp.
13111 Westheimer, Suite 400
Houston TX 77077-5547

Amcol Systems Inc
PO Box 21625
Columbia SC 29221-1625

ARS National Services
PO Box 463023
Escondido CA 92046

Bank of America Corporation
c/o CT Corporation System
2 Office Park Court, Suite 103
Columbia SC 29223

Capital One
Attn: Bankruptcy Dept.
PO Box 30285
Salt Lake City UT 84130-0285

Carolina East Medical Center
Attn: Billing
2000 Neuse Blvd.
New Bern NC 28560

Cash Call
1600 S. Douglass Road
Anaheim CA 92806

Cash Call
PO Box 66007
Anaheim CA 92816

Chase
Attn: Bankruptcy Dept.
PO Box 15298
Wilmington DE 19850

Coastal Children's Clinic
703 Newman Rd.
New Bern NC 28562

Collins Properties and Investments LLC
203 Faircrest Way
Columbia SC 29229

Columbia Heart Clinic
8 Richland Medical Park, Suite 300
Columbia SC 29203

Credit Collection Services
2 Wells Ave
Newton Center MA 02459

Credit Collection Services
PO Box 55126
Boston MA 02205

Credit First National Association
PO Box 81315
Cleveland OH 44181-0315

Credit Recovery Associates
PO Box 1228
Mauldin SC 29662

Credit Recovery Associates
509 West Butler Road
Greenville SC 29607

Direct Loan
PO Box 5609
Greenville TX 75403-5609

Discover Financial Services, LLC
PO Box 15316
Wilmington DE 19850-5316

Dish Network
PO Box 6655
Englewood CO 80155

Enhanced Recovery Company
PO Box 57547
Jacksonville FL 32241

EOS CCA
700 Longwater Drive
Norwell MA 02061

EOS CCA
PO Box 742596
Cincinnati OH 45274

GC Services Limited Partnership
6330 Gulfton
Houston TX 77081

Global Automotive
5001 Two Notch
Columbia SC 29204

IRS
PO Box 7346
Philadelphia PA 19101

Kramer & Associates
401 Hackensack Ave. #9
Hackensack NJ 07601-6402

Lexington Medical Collection Services
Po Box 100274
Columbia SC 29202

LTD Financial Services LP
7322 Southwest Freeway, Suite 1600
Houston TX 77074-2053

Mason Family Vision
141 Wildewood Park Drive
Columbia SC 29223

Medical Collection Services of LMC
PO Box 100274
Columbia SC 29202-3274

Midland Funding LLC
8875 Aero Drive, Suite 200
San Diego CA 92123

Midland Funding LLC
PO Box 60578
Los Angeles CA 90060

Monarch Recovery Management Inc
PO Box 16119
Philadelphia PA 19114-0589

Monarch Recovery Management Inc
PO Box 21089
Philadelphia PA 19114

MRS Associates
1930 Olney Ave.
Cherry Hill NJ 08003

NCO Financial Systems Inc
PO Box 15740
Wilmington DE 19850

NCO Financial Systems, Inc.
PO Box 15273
Wilmington DE 19850

Net Collections
2774 N. Cobb Pkwy, Ste. 181
Kennesaw GA 30152

Northland Group, Inc.
PO Box 390846
Minneapolis MN 55439

Online Information Services
PO Box 1489
Winterville NC 28590

Palmetto Health Richland
PO Box 364
Columbia SC 29202

Peterson & Plante Internal Medicine
Attn: Billing
1750 Laurel Street
Columbia SC 29201

Pioneer Credit Recovery INc
PO Box 92
Arcade NY 14009

Professional Debt Mediation Inc
7948 Bay Meadows Way, 2nd Floor
Jacksonville FL 32256

Quest Diagnostics
PO Box 740777
Cincinnati OH 45274

Receivable Solutions Inc
1325 Gardner Lane, Suite C
Columbia SC 29210

Receivables Management Corp
PO Box 50685
Columbia SC 29250-0685

Regional Finance
6729 Two Notch Road
Columbia SC 29203

Richard J. Boudreau & Associates, LLC
6 Manor Parkway
Salem NH 03079

Sallie Mae/Department of Education
PO Box 9635
Wilkes Barre PA 18773

SC Department of Employment & Workforce
PO Box 995
Columbia SC 29202

SCA Collections
300 E. Arlington Blvd
Suite 6-A
Greenville NC 27858-5016

SCDOR
PO Box 12265
Columbia SC 29211

Senick, Mathews, Brown
109 Edgebrook Drive
Anderson SC 29621

Silverman & Borenstein
13111 E Briarwood Ave. Suite 340
Englewood CO 80112

SST/CIGPFI Corp
4315 Pickett Road
Saint Joseph MO 64503

T-Mobile Bankruptcy Team
PO Box 53410
Bellevue WA 98015-3410

Terry Grant
226 Wild Horse Road
Hilton Head Island SC 29926

Terry Grant
5 Gumtree Road
Hilton Head Island SC 29926

US Dept. of Veterans Affairs
PO Box 8079
Philadelphia PA 19101

USDA
PO Box 66827
Saint Louis MO 63116

Walmart
PO Box 530927
Atlanta GA 30353

Wells Fargo Dealer Services
PO Box 1697
Winterville NC 28590

Wells Fargo Home Mortgage
PO Box 10335
Des Moines IA 50306-0335

Wildewood Dentistry
230 Graces Way
Columbia SC 29229

William F. Ward, III PA
314 New Street
New Bern NC 28560

Williams & Fudge Inc
PO Box 11590
Rock Hill SC 29731

B22A (Official Form 22A) (Chapter 7) (04/13)

In re **Lester Glenn Williams, Sr.**
Sonia Vanessa Williams
 Debtor(s)

Case Number: _____
 (If known)

According to the information required to be entered on this statement
 (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
- ☒ The presumption does not arise.
- ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center; margin: 10px 0;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.	a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.													
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Column A Debtor's Income	Column B Spouse's Income												
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 2,679.02	\$ 934.96												
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 62.90</td> <td style="text-align: right;">\$ 249.00</td> </tr> <tr> <td>b. Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 66.50</td> <td style="text-align: right;">\$ 102.29</td> </tr> <tr> <td>c. Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>		Debtor	Spouse	a. Gross receipts	\$ 62.90	\$ 249.00	b. Ordinary and necessary business expenses	\$ 66.50	\$ 102.29	c. Business income	Subtract Line b from Line a		\$ 0.00	\$ 146.70
	Debtor	Spouse													
a. Gross receipts	\$ 62.90	\$ 249.00													
b. Ordinary and necessary business expenses	\$ 66.50	\$ 102.29													
c. Business income	Subtract Line b from Line a														
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c. Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>		Debtor	Spouse	a. Gross receipts	\$ 0.00	\$ 0.00	b. Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00	c. Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
	Debtor	Spouse													
a. Gross receipts	\$ 0.00	\$ 0.00													
b. Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00													
c. Rent and other real property income	Subtract Line b from Line a														
6	Interest, dividends, and royalties.	\$ 0.00	\$ 0.00												
7	Pension and retirement income.	\$ 0.00	\$ 0.00												
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$ 0.00	\$ 0.00												
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 35%;">Debtor \$ 0.00</td> <td style="width: 35%;">Spouse \$ 0.00</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00									
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00													
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> </tbody> </table> Total and enter on Line 10		Debtor	Spouse	a.			b.			\$ 0.00	\$ 0.00			
	Debtor	Spouse													
a.															
b.															
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 2,679.02	\$ 1,081.66												

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 3,760.68
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 45,128.16
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>SC</u> b. Enter debtor's household size: <u>3</u>	\$ 54,801.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)																										
16	Enter the amount from Line 12.	\$																								
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> Total and enter on Line 17		a.		\$	b.		\$	c.		\$	d.		\$												
a.		\$																								
b.		\$																								
c.		\$																								
d.		\$																								
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$																								
Part V. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th> <th colspan="3">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 30%;">Allowance per person</td> <td style="width: 25%;"></td> <td style="width: 5%;">a2.</td> <td style="width: 30%;">Allowance per person</td> <td style="width: 35%;"></td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td></td> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal	
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> 	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$									
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		\$									
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.		\$									
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		\$									
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.		\$									
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$									
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$									
Subpart B: Additional Living Expense Deductions												
Note: Do not include any expenses that you have listed in Lines 19-32												
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$										
b.	Disability Insurance	\$										
c.	Health Savings Account	\$										
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$									

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$															
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$															
Subpart C: Deductions for Debt Payment																	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															
Subpart D: Total Deductions from Income																	
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$															
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$															
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$															
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$															
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	
Part VII. ADDITIONAL EXPENSE CLAIMS		
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	d.	\$
	Total: Add Lines a, b, c, and d	
	\$	
Part VIII. VERIFICATION		
57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: <u>July 15, 2014</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Lester Glenn Williams, Sr.</u> Lester Glenn Williams, Sr. <i>(Debtor)</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Date: <u>July 15, 2014</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Sonia Vanessa Williams</u> Sonia Vanessa Williams <i>(Joint Debtor, if any)</i> </div> </div>	

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor**Debtor Income Details:**Income for the Period **01/01/2014** to **06/30/2014**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Bamberg County**

Year-to-Date Income:

Total Year-to-Date Income: **\$16,074.12** from check dated **6/30/2014** .Average Monthly Income: **\$2,679.02** .**Line 4 - Income from operation of a business, profession, or farm**Source of Income: **Indep. Dis.**

Year-to-Date Income/Expenses/Net:

Total Year-to-Date Income: **\$377.40** from Financial Statement dated **6/30/2014** .Total Year-to-Date Expenses: **\$398.97** from Financial Statement dated **6/30/2014** .Average Monthly Net: **\$-3.60** .

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**Income for the Period **01/01/2014** to **06/30/2014**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Westat**

Year-to-Date Income:

Total Year-to-Date Income: **\$5,402.28** from check dated **6/30/2014** .Average Monthly Income: **\$900.38** .**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Leapforce**

Year-to-Date Income:

Total Year-to-Date Income: **\$207.45** from check dated **6/30/2014** .Average Monthly Income: **\$34.58** .**Line 4 - Income from operation of a business, profession, or farm**Source of Income: **Indep. Dist.**

Year-to-Date Income/Expenses/Net:

Total Year-to-Date Income: **\$1,493.97** from Financial Statement dated **6/30/2014** .Total Year-to-Date Expenses: **\$613.76** from Financial Statement dated **6/30/2014** .Average Monthly Net: **\$146.70** .